

# CITIZEN COMPLAINT FORM

Town of Vienna Police Department  
215 Center Street, SW  
Vienna, Va. 22180

The Vienna Police Department aggressively investigates allegations of misconduct lodged against officers and other employees of this agency. The purpose of these investigations is to determine and examine all the facts and circumstances relevant to the incident in question. Should such allegations be sustained as a result of the investigation, appropriate action will be taken to prevent a future occurrence of the misconduct.

<b>COMPLAINANT</b>	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	ADDRESS		
	HOME PHONE	WORK PHONE	CELL PHONE

<b>WITNESSES</b>	NAME	HOME PHONE
	ADDRESS	WORK/CELL PHONE
	NAME	HOME PHONE
	ADDRESS	WORK/CELL PHONE
	NAME	HOME PHONE
	ADDRESS	WORK/CELL PHONE

<b>EMPLOYEE</b>	NAME OF OFFICER/EMPLOYEE
	DESCRIPTION OF OFFICER/EMPLOYEE
	NAME OF OFFICER/EMPLOYEE
	DESCRIPTION OF OFFICER/EMPLOYEE
	NAME OF OFFICER/EMPLOYEE
	DESCRIPTION OF OFFICER/EMPLOYEE

INCIDENT	LOCATION OF INCIDENT	DATE OF INCIDENT
	State your specific complaint(s) and explain the circumstances, giving the relevant facts known to you. You may attach more sheets.	

I, \_\_\_\_\_, do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false or misleading statements, accusations or allegations made by me in relation to this complaint, either orally or in writing, may subject me to civil action and/or criminal prosecution.

I realize that to assure a thorough investigation of this matter, it may become necessary for me to meet with representatives of the Vienna Police Department for the purpose of discussing this incident in detail. I further understand that if a departmental or court hearing results from this investigation, my presence and testimony at such hearing may become necessary. I hereby agree to make myself available at reasonable times and places as may be necessary for such interviews and/or hearings.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

in the county/city/town of \_\_\_\_\_, State of \_\_\_\_\_.

** POLICE DEPARTMENT USE ONLY **	
RECEIVED BY:	
DUTY STATION	INTERNAL AFFAIRS CASE NUMBER
DATE	TIME